FORM 1 STATEMENT OF FINANCIAL INTERESTS 2015

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:
105675298

RECEIVED
2016 JUL 20 AM 8: 27
SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Adams Arthus Cyrus

MAILING ADDRESS :
2265 Mill Creek Circle

CITY : Ocala ZIP : 34471-8387 COUNTY : Marion

NAME OF AGENCY :
Tourist Developemnet Council, Ocala Planning & Zoning Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
TDC - Councilmen, P & Z - Chairman

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☐ DECEMBER 31, 2015 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:__________

MANNER OF CALCULATING REPORTABLE INTERESTS:
FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING **(must check one)**:

☐ **COMPARATIVE (PERCENTAGE) THRESHOLDS** OR ☐ **DOLLAR VALUE THRESHOLDS**

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Mid-Florida Physical Theraphy	2210 SE 17th St Ocala, FL 34471	Medical Facility

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

2265 Mill Creek Circle Ocala, FL 34471

1918 Clatter Bridge Circle Ocala, FL 34471

8665B SW 94th Street Ocala, FL 34478

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

(Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
See attached redacted ML Statement	Personal stock and bonds investments

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Flag Star Bank	PO box 371891 Pittsburgh PA 15250-7891
Chase Bank	PO Box 183166 Columbus OH 43218-3166

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	J C Bricker Inc	
ADDRESS OF BUSINESS ENTITY	2265 Mill Creek Circle Ocala, FL 34471	
PRINCIPAL BUSINESS ACTIVITY	Medical Sales	
POSITION HELD WITH ENTITY	Officer	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No	
NATURE OF MY OWNERSHIP INTEREST	board Member	

PART G — TRAINING
For **elected municipal officers** required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☑

SIGNATURE OF FILER:

Signature:

Date Signed: July 14th, 2016

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, ______________________, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: ______________

Date Signed: ______________

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it,** send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:
MULTIPLE FILING UNNECESSARY:
A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or ***specified state employees*** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file ***within 30 days*** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

Rus CMA Investments

YOUR CMA SUBACCOUNT ASSETS

December 01, 2015 - December 31, 2015

EQUITIES (continued) *Description*
CLEAR CHANNEL OUTDOOR *HLDGS INC - A*
Subtotal
HARLEY DAVIDSON INC WIS
INTEL CORP
J M SMUCKER CO
JOHNSON AND JOHNSON COM
KRAFT (THE) HEINZ CO SHS
Subtotal
LIVE NATION ENT INC
M&T BANK CORPORATION
MCDONALDS CORP COM
MONDELEZ INTERNATIONAL *INC*
Subtotal
PHILIP MORRIS INTL INC
PROCTER & GAMBLE CO
SOUTHERN COMPANY

YOUR CMA SUBACCOUNT ASSETS

December 01, 2015 - December 31, 2015

CASH/ MONEY ACCOUNTS

Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
CASH	[redacted]					
+ML BANK DEPOSIT PROGRAM +FDIC INSURED NOT SIPC COVEF						
TOTAL						

MUNICIPAL BONDS

Description						
FLORIDA ST BRD ED PUB ED *CAP OUTLAY 2005 SER G AUG* *MOODY'S: AA1 S&P: AAA CUSI* *PAR CALL DATE: 06/01/18 PA* *ORIGINAL UNIT/ TOTAL COST: 9*	[redacted]					
TOTAL						

PLEASE REFER TO NOTES BELOW F

EQUITIES

Description						
ALTRIA GROUP INC	[redacted]					
AUTOMATIC DATA PROC						
BERKSHIRE HATHAWAYINC *DEL CL B NEW*						
BP PLC SPON ADR						

YOUR CMA SUBACCOUNT ASSETS

December 01, 2015 - December 31, 2015

EQUITIES (continued)

Description	*Symb*
WELLS FARGO & CO NEW DEL	W
TOTAL	

[redacted]

MUTUAL FUNDS/ CLOSED END FUNDS/ UIT

Description

EATON VANCE TAX MANAGED
GROWTH 1.1 FUND CL I
SYMBOL: EITMX *Initial Purchase:0*
Equity 100%
.1880 Fractional Share

PIONEER STRATEGIC
INCOME FD CL Y
SYMBOL: STRYX *Initial Purchase:0*
Fixed Income 100%
.5350 Fractional Share

RS LOW DURATION BOND FD
CL Y
SYMBOL: RSDYX *Initial Purchase:0*
Fixed Income 100%
.5480 Fractional Share

T ROWE PRICE SPECTRUM
INCOME FUND CL NONE
SYMBOL: RPSIX *Initial Purchase:0*
Fixed Income 100%
.5780 Fractional Share

T ROWE PRICE TAX FREE

+

Rus CMA Investments

YOUR CMA SUBACCOUNT ASSETS

December 01, 2015 - December 31, 2015

MUTUAL FUNDS/ CLOSED END FUNDS/ UIT (continued)

Description	*Quantity*
SHRT INTERMEDIATE FUND	
SYMBOL: PRFSX Initial Purchase: 06/03/13	
Fixed Income 100%	
.6870 Fractional Share	
.1600 Fractional Share	
Subtotal (Fixed Income)	
Subtotal (Equities)	
TOTAL	
LONG PORTFOLIO	
TOTAL	

Total Client Investment: Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.
Cumulative Investment Return: Estimated Market Value minus Total Client Investment. Cumulative Investment Return is the dollar value of the capital appreciation (depreciation) of all shares purchased and still held, including shares acquired through reinvestment of dividends and distributions, which may be greater or less than the actual income distributed.

Unrealized Gain or (Loss): Estimated Market Value minus Total Cost Basis (total cost of shares directly purchased and still held, as well as cost of shares acquired through reinvestment). Provided for Tax Planning purposes only and is not applicable to retirement accounts.
Initial Purchase: Date of your initial investment in this fund.

Market Timing: Merrill Lynch's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions.

Sales Charge Discounts or Waivers: Many funds offer various sales charge discounts or waivers depending on the terms of the prospectus and/or statement of additional information. You should consult a fund's prospectus and/or statement of additional information to determine whether you may qualify for a discount or waiver. Notify your Financial Advisor, Financial Solutions Advisor or Investment Center representative if you believe you qualify for any of these or any other discounts or waivers. Please contact your Financial Advisor, Financial Solutions Advisor or Investment Center representative for further information on available sales charge discounts and waivers.

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2015 - December 31, 2015

EQUITIES *Description*
ABBOTT LABS
Subtotal
AMER EXPRESS COMPANY
Subtotal
APPLE INC
AT&T INC
Subtotal
BERKSHIRE HATHAWAYINC *DEL CL B NEW*
Subtotal
BRISTOL-MYERS SQUIBB CO
CHEVRON CORP
Subtotal
COCA COLA COM
Subtotal
COMCAST CORP NEW CL A
↓ CSX CORP
DIAGEO PLC SPSD ADR NEW
DOVER CORP
EATON CORP PLC
Subtotal

ACCOUNT INVESTMENT OBJECTIVE

December 01, 2015 - December 31, 2015

TOTAL RETURN: Objective is to strike a balance between current income and growth. Despite the relatively balanced nature of the portfolio, the investor should be willing to assume the risk of price volatility and principal loss.

If you have changes to your investment objective, please contact your Financial Advisor(s).

INVESTMENT ADVISORY PROGRAM

We encourage you to contact your Financial Advisor(s) if there have been any changes in your financial situation or investment objectives, or if you wish to impose any reasonable restrictions on the management of your account(s) or reasonably modify existing restrictions.

Upon your request, and at no charge, we will provide to you more detailed information regarding the Program Fees that you pay. Please contact your Financial Advisor(s) if you would like to request this detailed Account fee information.

If you would like to receive a free copy of the current Form ADV Brochure(s) for the Investment Advisory Program, please send a written request with your account number(s) to: Managed Accounts Processing and Services, 4800 Deer Lake Drive West, Building 1, 3rd Fl., Jacksonville, FL 32246. You may also obtain a copy of the Investment Advisory Program Form ADV Brochure(s) by accessing the SEC's website at www.adviserinfo.sec.gov.

As part of the Investment Advisory Program, you will be provided with periodic performance measurement reports to help you monitor and assess the performance of your account(s). Should you have any questions regarding these reports or would like performance measurement reports on a more frequent basis, please contact your Financial Advisor(s).

YOUR RETIREMENT ACCOUNT ASSETS

CASH/ MONEY ACCOUNTS
Description
CASH
+BANK OF AMERICA, NA RASP +*FDIC INSURED NOT SIPC COVERED* *(.1200 FRACTIONAL SHARE)*
TOTAL

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2015 - December 31, 2015

EQUITIES (continued) *Description*
PRICE T ROWE GROUP INC
Subtotal
PROCTER & GAMBLE CO
Subtotal
SCHLUMBERGER LTD
Subtotal
UNITED PARCEL SVC CL B
Subtotal
US BANCORP (NEW)
WAL-MART STORES INC
WELLS FARGO & CO NEW DEL
TOTAL

MUTUAL FUNDS/ CLOSED END FUNDS/ UIT *Description*
BLACKROCK GLOBAL *ALLOCATION FD INC INSTL* *SYMBOL: MALOX Initial Purchase:0* *Fixed Income 40% Equity 60%* *.9120 Fractional Share*
DEUTSCHE CROCI

IRA - Retirement

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2015 - December 31, 2015

EQUITIES (continued) *Description*
EXXON MOBIL CORP COM
Subtotal
FEDEX CORP DELAWARE COM
GENERAL ELECTRIC
Subtotal
HONEYWELL INTL INC DEL
INTEL CORP
JOHNSON AND JOHNSON COM
JPMORGAN CHASE & CO
Subtotal
KRAFT (THE) HEINZ CO SHS
M&T BANK CORPORATION
Subtotal
MERCK AND CO INC SHS
MICROSOFT CORP
NEXTERA ENERGY INC SHS
PPL CORPORATION

IRA - Retirement

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2015 - December 31, 2015

MUTUAL FUNDS/ CLOSED END FUNDS/ UIT
Description

INTERNATIONAL FUND CL S
SYMBOL: SCINX Initial Purchase:0
Equity 100%
.1620 Fractional Share

LORD ABBETT SHORT
DURATION INCOME FD CL F
SYMBOL: LDLFX Initial Purchase:0
Fixed Income 100%
.6920 Fractional Share

MFS LIFETIME INCOME FUND
CLASS I
SYMBOL: MLLIX Initial Purchase:0
Fixed Income 71% Equity 29%
.7400 Fractional Share

POWERSHARES EXCHANGE
TRADED FD TR II S&P 500 LOW VOLA
SYMBOL: SPLV Initial Purchase:0
Equity 100%

PRUDENTIAL SHORT TERM
CORPORATE BOND FD INC Z
SYMBOL: PIFZX Initial Purchase:0
Fixed Income 100%
.5400 Fractional Share

RS LOW DURATION BOND FD
CL Y
SYMBOL: RSDYX Initial Purchase:0

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2015 - December 31, 2015

MUTUAL FUNDS/ CLOSED END FUNDS/ UIT (
Description C

Fixed Income 100%
.6530 Fractional Share

SPDR GOLD TRUST
SYMBOL: GLD *Initial Purchase:06*
Alternative Investments 100%

SPDR S P DIVID ETF
SYMBOL: SDY *Initial Purchase:06*
Equity 100%

T ROWE PRICE SPECTRUM
INCOME FUND CL NONE
SYMBOL: RPSIX *Initial Purchase:06*
Fixed Income 100%
.7500 Fractional Share

VOYA GLOBAL BOND FUND
CLASS I
SYMBOL: IGBIX *Initial Purchase:06*
Fixed Income 100%
.1050 Fractional Share

Subtotal (Fixed Income)
Subtotal (Equities)
Subtotal (Alternative Investments)
TOTAL

[redacted]